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## ***DC Fire & EMS Patient Care Policies: Response to a Child Abuse/Fatality Incident***

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**Note Well:** *This protocol was developed following the guidelines of the Metropolitan Police Departments' Special Victims Unit (SVU) Protocol. It is intended to assist you in your response to a potential child abuse incident, or an incident involving a child fatality. Refer to the appropriate protocol to treat any injuries or medical condition that may be present.*

### ***I. Background***

- A. The SVU is tasked with the responsibility of investigating child fatalities and critical injuries to children that could result in death.
- B. Child deaths and critical injuries resulting from motor vehicle collisions are investigated by the Major Crash Unit.
- C. The SVU maintains a database that centrally tracks child deaths and critical injuries.
- D. The SVU, along with the DC Fire & EMS Department, regularly meet with the District of Columbia Child Fatality Review Committee.

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### ***II. Types of Child Death***

#### **A. Battered Child Syndrome**

1. The collection of injuries sustained by a child as a result of repeated mistreatment or beatings.

#### **B. Infanticide/Child Murder**

1. An infant, born alive who dies as a result of violence or willful act of omission. Smothering and strangulation are the most common methods of infanticide.
2. Classic Medical Symptoms
  - i. Head injuries, the most common are subdural hematoma/cerebral injury with or without a skull fracture.
  - ii. Abdominal and chest injuries that show no external evidence of injury to the abdominal wall.
  - iii. Blunt force injuries that usually result in multiple contusions and abrasions of the body, signs of recent healing, and most commonly found around the head.
  - iv. Lacerations, burns, and pattern injuries due to belts, coat hanger or sticks may be present.

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### ***II. Types of Child Death (continued)***

#### **D. Munchausen Syndrome by Proxy**

1. A psychological disorder in which a parent or caretaker attempts to bring medical attention to themselves by intentionally injuring or inducing illness in their children.
2. Classic Scenarios
  - i. Caretaker repeatedly brings the child in for medical care for problems that cannot be medically documented.
  - ii. Child only experiences medical problems, such as seizures or respiratory arrest, in the presence of the caretaker.
  - iii. Caretaker turns off life-support equipment to cause the child to stop breathing and summons help once the equipment is turned back on.
  - iv. Caretaker induces illness through the administration of a mild irritant or poison to the child.

#### **E. Neonaticide**

1. The deliberate killing of a child within the first 30 days of life.
2. Classic Indicators
  - i. In the majority of instances neonaticide is committed by the mother (usually the act is committed by a single individual without any witnesses). She delivers the child and kills it.
  - ii. Their goal is either to conceal the fact that they gave birth to a child or to dispose of an unwanted child.

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### ***II. Types of Child Death (continued)***

#### **F. Shaken Baby Syndrome**

1. A violent, sustained action in which the infants head (which lacks muscular control) is violently whipped forward and backward, hitting the chest and shoulders. Primarily occurs in children 18 months of age or younger.
2. Classic Medical Symptoms
  - i. Retinal hemorrhage, subdural or subarachnoid hematomas, absence of other external signs of abuse (not always).
  - ii. Symptoms include difficulty breathing, seizures, dilated pupils, lethargy and unconsciousness.

#### **G. Sudden Infant Death Syndrome (SIDS)**

1. The sudden unexpected death of an infant under one year of age which remains unexplained after a complete postmortem investigation, including autopsy, examination of the death scene and review of the case history.
2. SIDS is the major cause of death in apparently healthy infants from 1 month to 1 year of age. Most SIDS deaths occur by the end of the sixth month, with the greatest number taking place between the ages of 2 months and 4 months. SIDS usually occurs while the infant is asleep.

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### ***III. Roles and Responsibilities of All Personnel***

- A. Be observant when approaching the scene.
- B. Obtain basic history, details and an understanding of what occurred.
- C. Request that a supervisor respond to the scene.
- D. Request that MPD respond to the scene.
- E. In the event that patients or items are moved to treat the patient, advise the police officer on the scene of the previous position.



**Note Well:** *Do Not attempt to replace items that have already been moved or altered.*

- F. Do not provide any information under any circumstances to the news media when approached. Refer them to the PIO. Refrain from making or offering any comments or opinions about the child or individuals involved while on the scene.
- G. If time permits, the SVU or other law enforcement personnel may wish to interview you on the scene to ascertain any relevant information.
- H. When transporting to the hospital, be sure to let the police officer on the scene know the hospital destination. Be prepared to have an officer accompany you to the hospital.
- I. After you have arrived at the hospital and patient care has been transferred to the emergency department staff, you can expect to be interviewed by a detective.

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